PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000025461 **DOCUMENT #**

1. Corporation Name

TARDY TE FARM, INC.

Principal Place of Business

Mailing Address

FILED

00 OCT 30 AM 8: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14601 PALOMINO DRIVE FT. LAUDERDALE FL 33330			14601 PALOMINO DRIVE FT. ŁAUDERDALE FL 33330							
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	formation and enter o	correction below.	ensi	PATEME	MTc	4000	
			ng Office Address, If Applicable			orated or Qualified ness in Florida	CZ	404000		
Suite, Apt. #, etc. Suite, A			Suite, Apt. #,	it. #, etc.		5. FEI Number	·	, 03/	/19/1999 Applied For	:
City & State City			City & State	ly & State		65-0	<u> 190 790</u>	<u> </u>	Not Applicable	
Zip		Country	Zip	Country	′	6. CERTIFICATE	E OF STATUS DESIRED [Additional Fee required a Certificate of Status	
7. Names	and Street Ac	dresses of Each Officer and	d/or Director (Flo	rida nonprofit corpora	tions must list at lea	ıst 3 directors)				
Title(s)	Name of Officers and/or Directors				eet Address of Each icer and/or Director		City / State / Zip			
D	MEAD, SHEILA		14601 PALOMINO DRIVE			FT. LAUDERDALE FL 33330				
D	MEAD, FRED			14601 PALOMINO DRIVE			FT. LAUDERDALE FL 33330			
					¥	90	000034 -11/20/0	71 2	299—3 NSI—010	Ī
							****750.	.00	****750.00	i
									LS	
	8. Nar	ne and Address of Curren	t Registered Age	int	9. Name and Address of New Registered Agent					
					Name					(8/00)
Perloff, John W 1177 S.E. Third Avenue				Street Address		(P.O. Box Number is Not Acceptable)				CR2E040 (8/00)
FT. LAUDERDALE FL 33316					Suite, Apt. #, Etc.				5	
			11	()n $($	dity			State FL	Zip Code	
10. I, being	appointed the	ne registered agent of the al		1/ 1/ /	1/	bligations of Secti			,	ì
Signature of Registered			REGISTERED AG	ENT MUST SIGN	\$ = 1. ·		Date - 10/2	24/5	2 0	ì
this reir owed b	istatement ap y the corpora	officer or director or the reciplication, the reason for distion have been paid and the true and accurate, and my	eiver or trustee en solution has been e names of individ	npowered to execute eliminated, the corpo uals listed on this for	vate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or	r 617.040	D1, F.S., that all fees	
SIGNA		GIGNATURE AND TYPED OR P	4 (A COUNTY OF THE PROPERTY OF TH) in the state of	w	-16-00	Dow	rtime Phone #	
	8	IGNATURE AND TYPED OR P	RIMIED NAME OF	SIGNING OFFICER OR I	JINEU I UK		Date	₽ay	nume Filolie #	l